DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GOOD SHEPHERD SENIOR APARTMENTS (0010657)

Address: 3304-14TH STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096186 End Date: 12/08/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009825 Served 12/15/2005

<u>Deficiencies Cited</u> Subject Area <u>Compliance</u> <u>Verified</u> <u>Corrected</u>

50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS

50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS

89.26(1) COMPREHENSIVE ASSESSMENT

89.27(1) SERVICE AGREEMENT

89.29(1)(b) ADMISSION & RETENTION OF TENANTS 89.29(2)(b)3 ADMISSION & RETENTION OF TENANTS

Survey ID: 0093549 End Date: 10/19/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 11/01/2005 Date Investigation Completed: 12/08/2006

Subject Area(s) Result SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMISSION, TRANSFER & DISCHARGE SUBSTANTIATED 10009825

PROGRAM SERVICES NOT SUBSTANTIATED

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